



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

October 26, 2015

Ms. Holly Baker, Manager
Manes House
127 Union Street
Bennington, VT 05201

Dear Ms. Baker:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 5, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



PRINTED: 10/08/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0193	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/05/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MANES HOUSE

127 UNION STREET
BENNINGTON, VT 05201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 10/5/2015. There was a regulatory finding.	R100		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview and record review, the facility failed to conduct fire drills during the night hours. Findings include: Per review of the fire drills conducted by the facility, there was no evidence that a fire drill had occurred on the night shift during the past year between the dates of 9/1/2014 to 10/4/2015. Per interview with the Licensed Practical Nurse at 2:40 PM, s/he conducts the drills for the day and afternoon shift and the owner is responsible for the evening and night shift drills and gave confirmation that there was no recordings for a	R302		

WE WILL BE CHANGING OUR
FIRE DRILL SCHEDULE TO
INCLUDE 2 NIGHT DRILLS,
2 EVENING DRILLS AND
2 DAYTIME DRILLS EFFECTIVE
IMMEDIATELY. THIS WILL
BE WRITTEN ON OUR CALENDAR
TO REFLECT SUCH. THIS WILL
BE OVERVIEWED BY THE MANAGER

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6699

67UT11

If continuation sheet 1 of 2

R302 POC accepted 10/22/15 BBW/RLN/AMC

PRINTED: 10/08/2015
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R302	Continued From page 1 night shift drill. Per interview with residents, 3 of the 5 residents stated that they have not participated in a night time fire drill, with one stating that 10:00 PM is the latest that s/he had to participate in. The owner/administrator confirmed at 3:35 PM that there has not been a fire drill on the night shift.	R302		

Division of Licensing and Protection
STATE FORM

6009

67UT11

If continuation sheet 2 of 2